FORM D

UNITED STATES U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number 3235-0076 Expires: May 31, 2002 Estimated average burden hours per response:....16.00 SEC USE ONLY

Name of Offering (check if this is an ar	licate change.)	06022159	
23935 Madison, LEC offering of Pref	ferred Membership Interests		
Filing Under (Check box(es) that apply):] Rule 504	506 Section 4(6)	ULOE
Type of Filing: New Filing Ame	endment		
	A. BASIC IDENTIFICAT	ION DATA	16A 1 8 2006 >
1. Enter the information requested about the	e issuer		
Name of Issuer (check if this is an ar	mendment and name has changed, and inc	licate change.)	
23935 Madison, LLC			55 /sp/
Address of Executive Offices (Nu	mber and Street, City, State, Zip Code)	Telephone Number (Includir	ng Area Code)
7250 Franklin Ave. #505, Los Angele	s, CA 90046	(323) 512-7674	
Address of Principal Business Operations (Nu	imber and Street, City, State, Zip Code)	Telephone Number (Including	ng Area Code)
(if different from Executive Offices)			
Brief Description of Business			
Investment in real property			
Type of Business Organization			
☐ corporation	limited partnership, already formed	🗵 other (please specify): limited liability
☐ business trust	limited partnership, to be formed		company
A surel or Fatimental Date of Least Control	Month Year	7 ID	
Actual or Estimated Date of Incorporation or	<u> </u>		stimated
Jurisdiction of Incorporation or Organization:			
	CN for Canada; FN for other foreign ju	risdiction) DE	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only reported the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

> > SEC 1972 (6/99) 1 of 8

A. BASIC IDENTIFICATION DATA							
2. Enter the information requested for the following	lowing:						
• Each promoter of the issuer, if the issuer has been organized within the past five years;							
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;							
• Each executive officer and director o	f corporate issuers and of c	corporate general and mana	ging partners of r	partnership issuers: and			
Each general and managing partner of	=	orbornio Bonorni mae iiima	Pare harrages of h	,,			
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	☑ General and/or			
				Managing Partner			
Full Name (Last name first, if individual)							
Amy Rubenstein (Manager)							
Business or Residence Address	(Number and Street, City, State, Zip Code)						
7250 Franklin Ave. #505, Los Angeles,							
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address	(Number and Street, City	y, State, Zip Code)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address	(Number and Street, City, State, Zip Code)						
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address	(Number and Street, City	y, State, Zip Code)					
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)					
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING												
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									No 🔀			
									_	_		
Answer also in Appendix, Column 2, if filing under ULOE.								\$ 50,000	n			
۷.	2. What is the minimum investment that will be accepted from any individual?								. ,	o No		
3.	3. Does the offering permit joint ownership of a single unit?									-		
4.	Enter the inform	-	·-			-	-	-				
	or similar remun			-					-			
	listed is an assoc of the broker or	•	_		_							
	set forth the info			_		are associal	icu persons (or such a bro	oker of deale	a, you may		
F11								<u>.</u>				
Full	Name (Last name	iirsi, ii inqi	viduai)									
Bus	iness or Residence	e Address		(Number	and Street,	City, State, Z	Lip Code)					
Nan	ne of Associated Br	oker or Deale				* i i i i i i i i i i i i i i i i i i i						
Stat	es in Which Person	Listed Has S	Solicited or Int	ends to Solic	it Purchasers	3						
	(Check "All State	s" or check in	ndividual State	es)	·····			•••••			All :	States
-	AL] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	IL] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	MT] [NE] RI] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	Name (Last name											()
Bus	iness or Residence	e Address		(Number	and Street,	City, State, Z	Zip Code)					
Nan	ne of Associated Br	oker or Deale	er									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)												
ſ		s" or check in	ndividual State	es) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	All [HI]	States [ID]
	AL] [AK] IL] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	MT] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] [SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last name	first, if indi	ividual)									
Business or Residence Address (Number and Street, City, State, Zip Code)												
(Names and Succe, City, State, 22p Code)												
Nar	ne of Associated Br	oker or Deal	er									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
	(Check "All State	s" or check is	ndividual State	es)							☐ All	States
[AL] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	IL] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	MT] [NE] RI] [SC]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK] [WI]	[OR]	[PA]
[RI] [SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[44.1	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING FRICE, NOWIDER OF INVESTORS, EXPENSES AND USE	OF PROCEE.	טט	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	aiready exchanged.	Aggregate		Amount Already
	Type of Security	Offering Pri		Sold
	Debt	\$	-	\$
	Equity	\$	_	\$
	Common Preferred			
	Convertible Securities (including warrants)	\$	_	\$
	Partnership Interests	\$	_	\$
	Other (Specify) Preferred Membership Interests	\$950,000		\$800,000
	Total	\$950,000		\$800,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	9		\$800,000
	Non-accredited Investors	0		0
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C - Question 1.	Tuno of		Dollar Amount
	Type of offering	Type of Security		Sold
	Rule 505			\$
	Regulation A		-	\$
	Rule 504		•	\$
	Total		-	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		-	-
	Transfer Agent's Fees			\$ Ø
	Printing and Engraving Costs			\$ Ø
	Legal Fees		\boxtimes	\$7,500
	Accounting Fees			\$ Ø
	Engineering Fees			\$ Ø
	Sales Commissions (specify finders' fees separately)			\$ Ø
	Other Expenses (identify) blue sky filing fees, postage		X	\$1,000
	Total		×	\$8,500

C. OFFERIN	G PRICE, NUMBER OF INVESTORS, EXPEN	SES AND	USE OF PROCEE	DS		
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." *\$941,500						
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.						
			Payments to Officer Directors, & Affiliates	rs,	Payments to Others	
Salaries and fees		🗀	\$		\$	
Purchase of real estate		🛮	\$		\$ <u>560,000</u>	
Purchase, rental or leasing and installa	tion of machinery and equipment	🔘	\$		\$	
Construction or leasing of plant building	ngs and facilities	🗆	\$		\$	
offering that may be used in exchange	ling the value of securities involved in this for the assets or securities of another issuer	🗖	\$		\$_	
Repayment of indebtedness			\$		\$	
Working capital		. 🗆	\$	X	\$346,500	
Other (specify): (Real estate and mort	gage acquisition costs)		\$	×	\$ <u>35,000</u>	
Column Totals		🗆	\$	X	\$ <u>941,000</u>	
Total Payments Listed (column totals a	idded)		× \$9	41,500		
	D. FEDERAL SIGNATURE					
ollowing signature constitutes an und	to be signed by the undersigned duly author lertaking by the issuer to furnish to the U.S ished by the issuer to any non-accredited inve	. Securitie	es and Exchange	Commiss	sion, upon written	
ssuer (Print or Type)	Signatute		Date			
3935 Madison, LLC	× AM V		November 22, 2	:005		
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
my Rubenstein	Manager					
	ATTENTION					
Intentional misstatement	s or omissions of fact constitute federal c	riminat v	iolations. (See 1	8 U.S.C.	1001.)	